

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101019214*

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL I.D.						
TOTAL C.E.P.						
TOTAL CLAIMS						

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53	<i>1</i>					
54						
55						
56	<i>1</i>					
57			<i>1</i>			
58						
59	<i>1</i>					
60			<i>1</i>			
61						
62			<i>1</i>			
63						
64						
65			<i>1</i>			
66						
67	<i>1</i>					
68			<i>1</i>			
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100						
TOTAL IND.	<i>10</i>					
TOTAL DEP.	<i>60</i>					
TOTAL	<i>70</i>					